

08 FEB 2006

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

541182

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
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36		/		/		
37		/		/		
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39		/		/		
40		/		/		
41		4		/		
42		1		/		
43		2		/		
44		2		/		
45		4		/		
46		4		/		
47		1		/		
48		5		/		
49		1		/		
50		5		/		
TOTAL IND.	2		1			
TOTAL DEP.	75		38			
TOTAL CLAIMS	77		39			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/		/		
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						